

New Jersey Office of the Attorney General

Division of Consumer Affairs Used Car Lemon Law Unit P.O. Box 45039 Newark, New Jersey 07101 (973) 504-6226 (800)-242-5846

E-Mail: AskConsumerAffairs@lps.state.nj.us

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Used Car Lemon Law Unit may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

	COMPLAINT REPORTED BY:	COMPLAINT REPORTED AGAINST:			
	Name:	Business:			
	Address:	Address:			
	City:				
	STATE: ZIP:				
	Home Telephone Number:	Telephone Number (1):			
	Work Telephone Number:	Telephone Number (2):			
	E-Mail Address:				
1.	Vehicle Information	+			
	Make Model	l Year			
		ase Price			
3.	b. Is your vehicle normally used for commercial purposes? Yes No Vehicle Identification Number (VIN)				
4.	Mileage, on date of purchase:	date of purchase: Mileage, at present:			
5.	Does the material defect substantially impair the use, value or safety of the vehicle? \Box Yes \Box No				
6.	Were you advised, in writing, at or prior to the time of p company? \square Yes \square No	burchase that the vehicle was declared a total loss by an insurance			
7.	 a. If the vehicle's mileage was more than 60,000 at the time of purchase, did you waive the warranty? ☐ Yes ☐ No b. Did you sign a waiver form? ☐ Yes ☐ No If "Yes," please provide a copy of the waiver. 				
8.	 a. Did the dealer provide you with a written, limited warranty?				
9.	Warranty Company:				
	Street Address: City: _	State: ZIP:			
	County:	Telephone Number (include area code):			

	 a. Did you notify the dealer of the problem described in question #10?					
b						
2. V	Vere three (3) or more repair attempts made for	□ No				
3. D	o any of the alleged defects still exist?	☐ Yes ☐ No				
F	For each alleged defect: Description of problem Date & Mileage of each repair attempt					
D						
		Date:	•	•		
			Mileage	=		
		Date:	Mileage	3 rd Attempt		
		Device	N4:1	1st A		
		Date: Date:		•		
		Date:	=			
			<i>C</i>			
		Date:	Mileage	1 st Attempt		
		Date:	Mileage	2 nd Attempt		
		Date:	Mileage	3 rd Attempt		
5. D	Vere all three (3) repair attempts made within the ealer or its agent where the repairs were attentionated ame:	npted				
5. D N S	ealer or its agent where the repairs were attendame: treet Address:	City:	State:			
5. D N S	pealer or its agent where the repairs were attem	City:				
5. D N S	dealer or its agent where the repairs were attentiame: treet Address: county: Was the vehicle out of service for a total of If "Yes," how many days?	City: Telephone Nur 20 or more calendar days, due	State: nber (include area code): _			
5. D N S C 6. a. b.	dealer or its agent where the repairs were attentiame: treet Address: county: Was the vehicle out of service for a total of If "Yes," how many days?	City: Telephone Nur 20 or more calendar days, due	State: mber (include area code): _ e to repairs?	□ No		
5. D N S C 6. a. b.	treet Address: was the vehicle out of service for a total of If "Yes," how many days? List the dates below:	City: Telephone Nur 20 or more calendar days, due to	State: nber (include area code): _ e to repairs?	□ No		

18. Financial Information

If you purchased your vehicle without financing, complete section (a). If you purchased your vehicle with financing, complete section (b).

	a. Purchased without financing					
	Total purchase price \$	Trade in allowance \$				
	Registration, title and other government fees \$					
	Total amount paid (excluding sales tax) \$	Sales tax \$				
	b. Purchased with financing					
	Name of lienholder:					
	Street Address: City: _	State:	ZIP:			
	Account Number:	Telephone Number (include area code):				
	Total purchase price \$	Trade in allowance \$				
	Down payment (for that portion of the purchase price that is financed) \$					
	Monthly payment (for that portion of the purchase p	price that is financed) \$				
	Total amount of monthly payments made to date (m Registration, title and other government fees \$	* * *				
	Total amount paid (excluding sales tax) \$	Sales tax \$				
9.	Please indicate the Office of Administrative Law (OAL) ☐ Atlantic City ☐ Trenton) location where you prefer your case to be heard Newark	(if necessary):			
20.	Have you participated in any previous arbitration for the	e same problem(s) for which you are seeking reli-	ef? □ Yes □ No			
	a. If "Yes," what type of arbitration?	Date of arbitration				
	b. Did you accept the decision? Yes No					
1	If an attorney is going to represent you, please provide the	he following information:				
	Name: City: _		ZIP:			
	County:					
	County.	receptione (various (metade area code).				
	I certify that the dealer has not yet given me a refund, knowledge.	and that all statements made in the complaint	are true to the best of my			
	I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to interested parties and to use the information in any way that is necessary.					
	Signature		Date			

If you have not already done so, please attach copies (do not send originals) of the following:

- · Work orders of all three related defects from dealer
- Clear copies of all relevant evidence of repair attempts
 - ° sales invoice
 - ° purchase order
 - ° finance contract (if financed)
 - vehicle registration

0 ______